Program Evaluation Management Report

Program Evaluation Management Report

July 1, 2023 – December 31, 2023

Our Vision

We are a leading organization that champions for and supports people with developmental disabilities, while cultivating relationships that enrich our community.

Our Values

Innovation – Our founders pioneered the opportunities that exist today for people with developmental disabilities. We build on their courageous tradition of innovation and creativity in the design and delivery of our services.

Integrity – We operate with integrity in all that we do—as a service provider, as an employer, and as members of our community.

Respect – We treat everyone with respect. Dignity, choice, ability, privacy, and opinion are fundamental principles of who we are.

Quality – We embrace the highest standards in all that we do. Quality in service and character drives our actions and attitudes.

Caring – We act with a genuine spirit of caring. A sincere interest in and concern for the complete well-being of all people define our actions.

Our Mission

To support people in their individual pursuit of a fulfilling life.

ACHIEVE WITH US.

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Message from the Executive Director

This quote by the famous author and disability advocate, Helen Keller, conveys the key elements of The Arc's journey through the past few years. We have been tested and challenged in many ways. Our optimism, hope, and confidence have served us well in working through the rough spots and keeping sight of our mission.

During the past 6 months, we have made significant progress on our strategic plan objectives. Wages have increased, benefits are better, and our staff have access to more and improved trainings. We have made considerable investments in improving our residential homes, purchasing vehicles, and upgrading technology. Our board of directors voted to build 2 fully handicap accessible homes, which is a first for The Arc. These homes will meet the current and future needs of individuals who are aging and require a higher level of support.

These accomplishments have enhanced our ability to focus on The Arc's mission: to support people with disabilities in *their* pursuit of a meaningful life. When we provide services with optimism and confidence, it directly leads to positive outcomes for the people who have selected The Arc as their service provider.

I am grateful to collaborate with many talented people who strive to enhance the lives of others through their work. The driving force for many of our staff members is not the accolades nor the paycheck, but the knowledge that their efforts are making a difference.

Don Rowe
January 25, 2024

Data Analysis Procedures

Data is collected from the program areas on a regular basis. This data is compiled and analyzed upon receipt by the Director of Quality Assurance. Any negative trends discovered are brought to the attention of the appropriate program management staff. In addition to this regular analysis, the data is also analyzed formally for every six months to ensure reliability and validity and presented at monthly staff meetings. All incident and behavior support plan related data are also reviewed by the Quality Management Committee, which meets quarterly.

Meaningful Day Services
Number of People Receiving Supports

As of December 31, 2023:
- 126 DDA Funded
- 0 Unfunded
- 0 Private Pay
- 11 Vocational Rehabilitation (DORS)
- 0 Pre-ETS (DORS)
- 0 WBLE
- 25 DORS Funded (Summer Job)

As of June 30, 2023:
- 121 DDA Funded
- 0 Unfunded
- 0 Private Pay
- 15 Vocational Rehabilitation (DORS)
- 0 Pre-ETS (DORS)
- 0 WBLE
- 8 DORS Funded (Summer Job)

Changes: 6 people joined (DDA Funded)
                   1 people left (DDA Funded)

Goal #1 – FY 24

The Arc Carroll County's Educational Partnership/Transition Program will increase their effectiveness, efficiency, and service access of the program.

Measure	Indicators	Applies To	Time of Measure	Data Source	Obtained By	Target	Results	Prior Term	Achieved?	Rationale
Number of experiences students receive regarding community resources i.e. DORS, DDA, SC, BERC, etc.	Trips and guest speakers giving exposure to possible jobs	All Educational Partnership Students	Monthly (not including Summer)	Completed Lesson Plans	Educational Partnership Manager	20 for school year	0 for '23-'24 school year	11 '22-'23 school year	Not achieved	To give students a view of the operations of businesses and possible jobs available to them
Percentage of graduating students entering the Arc for adult services out of the total GTY count	Students entering the Arc as their provider agency	All eligible graduating students in Carroll County	Semi Annually	Application for Services	Educational Partnership Manager	33%	See below	19% 4 of 21	N/A	To show effectiveness of program reflected in students choosing The Arc for adult supports
Percentage of referrals that obtained a paid job in VR.	Number of adults that got a job through DORS & SYE Funding	All VR Adults	Semi Annually	Progress Notes	Job Developer	70%	73% 8 of 11	71% 11 of 15	Achieved	To show effectiveness of the program
Percentage of students that got a job through SYE funding	Number of students that got a job through SYE	All Educational Partnership Students	Semi Annually	Progress Notes	Educational Partnership Manager	5%	84% 21 of 25	100% 8 of 8	Achieved	To show effectiveness of the program

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Number of Pre-ETS classes that occurred	Number of classes that successfully occurred	All Educational Partnership Students	Semi Annually	Progress Notes	Educational Partnership Manager	100%	100% 1 of 1	0%	Achieved	To show effectiveness of the program.
Percentage of students exposed to Arc services through Transition Planning	Attendance by Arc staff at IEP meetings	All Educational Partnership Students	Monthly	IEP/Transition Meeting Minutes	Educational Partnership Manager	75%	6% 2 of 31	5%	Not achieved	To track the Arc's ability to introduce itself and its services to students and families
Number of Pre-ETS that used 80% or more of their authorized hours	Number of Pre-ETS that used at least 80% of their funding by the end of the program	GTY students seeking services	Semi Annually	DDA Authorization	Educational Partnership Manager	100%	100%	0	Achieved	To track the utilization of hours to ensure students had the opportunity to explore employment opportunities
Number of students receiving DORS or SYE summer funding.	Number of students granted summer funding	All Educational Partnership Students	Semi Annually	DORS authorizations	Educational Partnership Manager	30 Students	25 Students	10 Students	Not achieved	To measure access to revenue sources other than DDA, and to measure the access of students to become familiar with the Arc Carroll County.

Strategies:

C.A.R.F. accrediation will be maintained through elevating the value, quality, and ideal outcomes of services that enhace the lives of persons served at The Arc.

Funder requirements will be maintained. The Arc will continue to maintain a relationship with The Division of

Rehabilitation Services (DORS) and Carroll County Public Schools.

The Educational Partnership team will continue to practice person centered goals for vocational and educational success, focusing on education, job placement, vocational goals and objectives, lesson planning and curriculum implmentation.

Circumstances influencing results:

Measure 1: CCPS is not approving field trips in the same manner as they did before the COVID-19 pandemic; therefore, data is skewed. Guest speakers typically occur during Spring semester which will be reflected in the next PEMR.

Measure 2: The percentage of graduating students entering The Arc for adult services is recorded on an annual basis. The results will be reflected in the next PEMR.

Action Plan:

Continue tracking current measures.

Goal #2 – FY 24
The Arc Carroll County's Meaningful Day Services will increase its effectiveness, effiency, and service access.

Measure	Indicators	Applies To	Time of Measure	Data Source	Obtained By	Target	Results	Prior Term	Achieved?	Rationale
Percentage of PCP goals obtained in Meaningful Day Services	Number of goals successfully completed	All persons served	Annually	PCPs and supporting data	Program Coordinator	90%	65% 112 of 171	38% 53 of 139	Not achieved	To track the number of people meeting the goals outlined in their PCP
Utilization of funded hours in Day Habilitation and CDS	Number of hours spent in Day Habilitation and CDS	People in Day Habilitation and CDS	Semi Annually	Database	Director of Finance	40%	49%	50%	Achieved	To track utilization of hours to better manage staff scheduling and monitor unusual events
Number of integrated activities individuals participated in	Total number of volunteer & community-based activities people took part in that receive Day Habilitation	People in Day Habilitation Services	Semi Annually	Activity Detail Analysis	Compliance Manager	20	63	54	Achieved	To track the number of volunteer and community-based activities that people participate in under Day Habilitation Services to show an increase in community integration.
Number of hours spent volunteering	Total number of hours people volunteered in the community	People in Day Habilitation and CDS	Semi Annually	Database	Compliance Manager	1,000	2123	1881	Achieved	To track the number of hours spent in the community volunteering in Day Habilitation and CDS. This will

										show an increase in community integration.
Number of hours spent in the community	Total number of hours people spent in the community	People in Day Habilitation	Semi Annually	Database	Compliance Manager	8,000	11,264.3	13,462	Achieved	To track the number of hours spent in the community for people receiving Day Habilitation. This will show an increase in community integration.
Number of individuals in Community Integrated Employment	Total number of people in Community Integrated Employment Services	People in Community Integrated Employment	Semi Annually	Database	Community Employment Coordinator	>33	31	37	Not Achieved	To track the number of people receiving Supported Employment.
Number of Community Integrated Employment Sites	Total number of Community Integrated Employment Sites	People in Community Integrated Employment	Semi Annually	Employment Tracking System	Community Employment Coordinator	35	31	31	Not achieved	To track the number community integrated employment sites to show an increase in employment opportunities and connections.
Percentage of staff under Job Development, Job Discovery and Employment that are CESP Certified.	Number of staff under Job Development, Job Discovery and Employment that are	Staff having 100% of DDA Required Training completed	Semi Annually	Training Database	Human Resources	50%	62% 5 of 8	33% 3 of 9	Achieved	To track the number of staff that are in compliance with this training requirement.

	CESP Certified								

Strategies:

C.A.R.F. accrediation will be maintained through elevating the value, quality, and ideal outcomes of services that enhace the lives of persons served at The Arc.

The leadership team will continue to meet on a regular basis to guide the process.

The Employment Services team, including DSP's and Coordinators will meet on a monthly basis to discuss progress made, what still needs to be completed, continuing to emphasise the person-centered philosophy, and work collaboratively on community integration.

The Day and Employment Program Manager will participate in state-wide, and regional forums on topics related to employment and will foster participation and training for Direct Support Professionals.

Circumstances influencing results:

None

Action Plan:

Continue tracking current measures.

Community Living Services
Number of People Receiving Supports

As of December 31, 2023:

- 24 Residential
- 68 Support Services

As of June 30, 2023:

- 24 Residential
- 60 Support Services

Changes:

2 people left support services
10 person joined support services
0 person left residential services
0 person joined residential services

Goal #3 FY 24

The Arc Carroll County's Community Living Program will increase its effectiveness, efficiency, and service access.

Personal Supports

Measure	Indicators	Applies To	Time of Measure	Data Source	Obtained By	Target	Results	Prior Term	Achieved?	Rationale
Percentage of PCP goals obtained in Personal Support Services.	Number of goals successfully completed	All persons served	Semi Annually	PCP's and supporting data	Program Coordinator	90%	69% 20 of 26	61% 33 of 54	Not achieved	To track the number of people meeting the goals outlined in their PCP
Utilization of funded hours in Personal Supports	Compliance using the DDA standards	People in Personal Supports	Monthly	Wage Detail Analysis	Director of Finance	90%	50%	64%	Not achieved	To track utilization of hours to better manage staff scheduling and monitor unusual events
Number of new people receiving supports	New admissions into the program	People entering Personal Supports	Monthly	Enrollment Data	Program Coordinator	6	10	7	Achieved	To track new entries into the program
Number of individuals that exceeded their funded hours	Compliance using the DDA standards	People in PS	Monthly	Wage Detail Analysis	Director of Finance	0	See below	11	N/A	To track utilization of hours to better manage staff scheduling and monitor unusual events
Percentage of individuals that exercise their rights	Number of people exercising their rights	All people receiving personal supports	Annually	Interviews per CQL guidelines	Program Coordinator	95%	94%	87%	Not achieved	To track the alignment of services provided to CQL's Personal Outcome Measures
Percentage of individuals	Number of people that have friends	All people receiving	Annually	Interviews per CQL guidelines	Program Coordinator	95%	88%	90%	Not achieved	To track the alignment of services provided

that have friends		personal supports									to CQL's Personal Outcome Measures
Percentage of individuals that choose personal goals.	Number of people that choose personal goals	All people receiving personal supports	Annually	Interviews per CQL guidelines	Program Coordinator	95%	100%	87%	Achieved		To track the alignment of services provided to CQL's Personal Outcome Measures
Percentage of individuals that interact with other members of the community	Number of people that interact with other members of the community	All people receiving personal supports	Annually	Interviews per CQL guidelines	Program Coordinator	95%	100%	93%	Achieved		To track the alignment of services provided to CQL's Personal Outcome Measures

Circumstances influencing results:

None

Action Plan:

Measure 4: "The number of individuals that exceeded their funded hours" is recorded annually at the end of the fiscal year. The results for this measure will be in the next PEMR.

Measures 5 – 8: Support Services Coordinators will work with individuals and their teams to find person-centered ways for the person supported to meet the CQL Personal Outcome Measures.

Continue tracking current measures.

Community Living – Group Home

Measure	Indicators	Applies To	Time of Measure	Data Source	Obtained By	Target	Results	Prior Term	Achieved?	Rationale
Percentage of PCP goals obtained in Community Living – Group Home Services.	Number of goals successfully completed	All persons served	Annually	PCP's and supporting data	Program Coordinator	90%	73% 22 of 31	77% 10 of 13	Not achieved	To track the number of people meeting the goals outlined in their Person-centered Plan
Percentage of individuals that exercise their rights	Number of people exercising their rights	All residents	Annually	Interviews per CQL guidelines	Program Coordinator	95%	8%	14%	Not achieved	To track the alignment of services provided to CQL's Personal Outcome Measures
Percentage of individuals that are treated fairly	Number of people that are treated fairly	All residents	Annually	Interviews per CQL guidelines	Program Coordinator	95%	8%	43%	Not achieved	To track the alignment of services provided to CQL's Personal Outcome Measures
Percentage of individuals that have friends	Number of people that have friends	All residents	Annually	Interviews per CQL guidelines	Program Coordinator	95%	33%	38%	Not achieved	To track the alignment of services provided to CQL's Personal Outcome Measures
Percentage of individuals that choose personal goals.	Number of people that choose personal goals	All residents	Annually	Interviews per CQL guidelines	Program Coordinator	95%	42%	57%	Not achieved	To track the alignment of services provided to CQL's Personal Outcome Measures
People with advanced directives on file	Number of people with advanced directives	All residents receiving Health Services	Semiannual	Advanced Directive Forms	Health Services Coordinator	45%	79%	75%	Achieved	To track the number of residents with advanced directives on file
Timeliness of follow up medical	% of follow up appts. is completed	All residents receiving	Monthly	Medical Appointment Records	Health Services Coordinator	75%	96%	97%	Achieved	To track number of follow up appointments

appointments	within 2 weeks prior or 2 weeks after the doctor's requested return date	Health Services								maintained as ordered by medical personnel

Strategies:

C.A.R.F. accrediation will be maintained through elevating the value, quality, and ideal outcomes of services that enhace the lives of persons served at The Arc.

The Assistant Director of Community Living will participate in state-wide, and regional forums on topics to community inclusion and will foster participation and training Direct Support Professionals.

The Assistant Director of Community Living and Direct Support Professionals will continue to make progress towards DDA's vision of the Person-Centered Philosophy.

Circumstances influencing results:

Measures 2 – 3: Most individuals residing in our residential program have a representative payee. CQL's Personal Outcome Measures, if someone has a rep payee, they aren't exercising their rights; therefore, they aren't treated fairly.

Action Items:

Measures 2 - 5: The Assistant Director of Community Living will work with individuals and their teams to find person-centered ways for the person supported to meet the CQL Personal Outcome Measures.

Continue tracking current measures.

Goal #4 FY24

The Arc Carroll County's Transportation Services will maintain its efficiency per regulations.

Measure	Indicators	Applies To	Time of Measure	Data Source	Obtained By	Target	Results	Prior Term	Achieved?	Rationale
School buses passing mandatory inspections	Percentage of buses passing Board of Education required inspections	All school buses	August, October, March	Inspection Sheets	Director of Transportation	70%	85%	85%	Achieved	To track buses passing mandatory inspections, as a bus being red lined has a fiscal impact on the entire operation
Preventative maintenance appointments completed on time for school bus fleet	On time = every 6 months or every 5,000 miles	School Bus Fleet	Monthly	Driver Reports and Fuelman Entries	Director of Transportation	90%	90%	90%	Achieved	To track efficiency of preventative maintenance on the fleet
Preventative maintenance appointments completed on time for MTA fleet	On time = every 6 months or every 5,000 miles	MTA Fleet	Monthly	Driver Reports and Fuelman Entries	Director of Transportation	100%	100%	100%	Achieved	To track efficiency of preventative maintenance on the fleet
Preventative maintenance appointments completed on time car & minivan fleet	On time = every 6 months or every 5,000 miles	Car & Minivan Fleet	Monthly	Driver Reports and Fuelman Entries	Director of Transportation	80%	100%	100%	Achieved	To track efficiency of preventative maintenance on the fleet

Strategies:

C.A.R.F. accrediation will be maintained through elevating the value, quality, and ideal outcomes of services that enhace the lives of persons served at The Arc.

Funder requirements will be maintained.

Action Items:

Continue tracking current measures.

Goal #5 FY 24
Ninty percent of The Arc Carroll County's overall satisfaction will rate in the satisfied category.

Educational Partnership/Transition

Measure	Indicators	Applies To	Time of Measure	Data Source	Obtained By	Target	Results	Prior Term	Achieved?	Rationale
Maximize student satisfaction	Overall satisfaction of student (Perfect Score = 15)	All Students (not including MSTC)	Annually	Satisfaction Surveys	Educational Partnership Manager/ Director of QA	90%	See below	See below	N/A	To track satisfaction
Maximize teacher satisfaction	Overall satisfaction of teacher (Perfect Score = 15)	All involved teachers	Annually	Satisfaction Surveys	Educational Partnership / Director of QA	90%	See below	72% 8 of 8	N/A	To track satisfaction
Maximize staff satisfaction	Overall satisfaction for staff (Perfect Score = 39)	Educational Partnership staff	Annually	Satisfaction Surveys	Director of QA	90%	See below	97% 5 of 5	N/A	To track satisfaction

Meaningful Day Services

Measure	Indicators	Applies To	Time of Measure	Data Source	Obtained By	Target	Results	Prior Term	Achieved?	Rationale
Maximize satisfaction of people receiving support	Overall satisfaction (Perfect Score = 30)	People in Work Services	Annually	Satisfaction Surveys	Program Coordinator	90%	See below	98% 50 of 121	N/A	To track satisfaction
Maximize family satisfaction	Overall satisfaction (Perfect Score = 24)	Families of people in Work Services	Annually	Satisfaction Surveys	Program Coordinator	90%	See below	93% 43 of 121	N/A	To track satisfaction

| Maximize staff satisfaction | Overall satisfaction for staff (Perfect Score = 39) | Employment Services Staff | Annually | Satisfaction Surveys | Director of QA | 90% | See below | 90%

 39 of 44 | N/A | To track satisfaction |

Personal Support Services

Measure	Indicators	Applies To	Time of Measure	Data Source	Obtained By	Target	Results	Prior Term	Achieved?	Rationale
Maximize satisfaction of people receiving support	Overall satisfaction (Perfect Score = 50)	People in FISS	Annually	Satisfaction Surveys	Program Coordinator	95%	See below	98% 10 of 54	N/A	To track satisfaction
Maximize family satisfaction	Overall satisfaction (Perfect Score = 50)	Families of people in FISS	Annually	Satisfaction Surveys	Program Coordinator	90%	See below	100% 8 of 78	N/A	To track satisfaction
Maximize staff satisfaction	Overall satisfaction for staff (Perfect Score = 39)	FISS Staff	Annually	Satisfaction Surveys	Director of QA	90%	See below	93% 42 of 52	N/A	To track satisfaction

Residential Services

Measure	Indicators	Applies To	Time of Measure	Data Source	Obtained By	Target	Results	Prior Term	Achieved?	Rationale
Maximize satisfaction of people receiving support	Overall satisfaction (Perfect Score = 30)	All residents	Annually	Satisfaction Surveys	Program Coordinator	95%	See below	100% 7 of 24	N/A	To track satisfaction
Maximize family satisfaction	Overall satisfaction (Perfect Score = 24)	Families of residents	Annually	Satisfaction Surveys	Program Coordinator	95%	See below	100% 9 of 83	N/A	To track satisfaction

Maximize staff satisfaction	Overall satisfaction for staff (Perfect Score = 39)	Residential Staff	Annually	Satisfaction Surveys	Director of QA	90%	See below	88% 44 of 60	N/A	To track satisfaction

Transportation

Measure	Indicators	Applies To	Time of Measure	Data Source	Obtained By	Target	Results	Prior Term	Achieved?	Rationale
Maximize staff satisfaction	Overall satisfaction for staff (Perfect Score = 39)	Transportation Staff	Annually	Satisfaction Surveys	Director of QA	90%	See below	87%	N/A	To track satisfaction

Global

Measure	Indicators	Applies To	Time of Measure	Data Source	Obtained By	Target	Results	Prior Term	Achieved?	Rationale
Maximize overall staff satisfaction	Overall satisfaction for staff (Perfect Score = 39)	Administrative Staff	Annually	Satisfaction Surveys	Director of QA	90%	See below	91%	N/A	To track satisfaction

Stratagies:

C.A.R.F. accrediation will be maintained through elevating the value, quality, and ideal outcomes of services that enhace the lives of persons served at The Arc.

Statements of dissatisfaction will be addressed on both an individual and systematic basis.

The board reviews the results of the satisfaction surveys in all deparments yearly. Dissatisfaction in relation to families, providers, employers, persons served, and the board are immediately addressed. In regard to staff

dissatisfaction, during monthly staff meetings, staff collaberate to come up with resolutions to implement agency wide.

Circumstances influencing results:

All measures – Survey results are complied on an annual basis. The results of The Arc's satisfaction surveys will be on the next PEMR.

Goal #6 FY 24
The Arc Carroll County will globally increase its effectiveness, efficiency, and service access.

Measure	Indicators	Applies To	Time of Measure	Data Source	Obtained By	Target	Results	Prior Term	Achieved?	Rationale
Number of preventable slips, trips, or falls	All preventable Slips, Trips, and Falls for people supported	All Programs	Quarterly	Incident Reports	Director of QA	<10	2	7	Achieved	To lower preventable fall related incidents using timely alerts, staff training, and environmental checks to maximize safety of people supported
Number of other safety related incidents	Incidents involving police, elopement, injury, accidents, and physical aggression	All Programs	Quarterly	Incident Reports	Director of QA	<10	36	21	Not achieved	To lower safety related incidents using timely alerts, staff training, and environmental checks to maximize safety of people supported
Overall adaptive behavior in relation to behavior plans	Number of people with adaptive behavior	All Programs	Monthly	Behavior plan data	Director of QA	90%	65%	69%	Not achieved	To track the performance of people utilizing behavior support plans
Percentage of fully trained staff	Staff fully trained as per agency requirement	All Program Staff	Semi Annually	Training Database	Human Resources	85%	95%	91%	Achieved	To track training percentages for staff
Percentage of all staff with required DDA training	Staff having 100% of DDA trainings completed	All Program Staff	Semi Annual	Training Database	Human Resources	90%	99%	94%	Achieved	To track training percentages for staff and efficiency of bringing new staff into compliance

Strategies:

C.A.R.F. accrediation will be maintained through elevating the value, quality, and ideal outcomes of services that enhace the lives of persons served at The Arc.

The Safety Committee will meet bi-monthly to review health and safety related incidents and discuss how The Arc can decrease these incidents.

The Quality Management Committee will meet on a quarterly basis to review all incidents and talk about ways to decrease the likelihood of these types of incidents reoccurring.

The Arc implemented several systems including iCare Manager and Relias. Both systems improve compliance for trainings, medication management, incident reporting, etc.

Circumstances influencing results:

None

Action Items:

Continue tracking current measures.

Safety Summary

In the past 6 months, preventable slips, trips, and falls decreased. The Arc continues to provide consistent training and as many resources as possible. For example, we train all staff on slips, trips, and falls on an annual basis. We also incorporate a transfer training from an external company during in-service day.

An example of safety related incidents that occurred include physical aggression. The Arc will continue to try to improve training and staffing to prevent these types of incidents in the future.

Reportable Incident Analysis

There were 19 reportable occurences in the reporting period. Two incidents were related to abuse. One incident was related to suicide threat/attempt. There were 21 incidents related to emergency room visits, urgent care visits or EMS evaluations. The amount of incidents related to emergency rooms visits, urgent care visits and EMS evaluations has increased in 2023 due to several factors. Dimensional's policies on contacting 911 have changed and one of our residents had an increase in medical concerns. Emergency room visits occurred in our Residential Program, Personal Supports Program, and Day Program.

Eleven hospitalizations occurred and were reported. One remains in the hospital. Most of the individuals made a full recovery from the illness that resulted in hospitalization. One death occurred between July 1, 2023 – December 31, 2023.

There were zero serious vehicle accidents between July 1, 2023 – December 31, 2023.

The Quality Management Committee was responsible for reviewing the incidents and to monitor proper implementation of agency precedures and recommend corrective actions if necessary. The committee found all incidents to have been handled appropriately. The committee did not find it necessary to make any recommendations beyond those already made in the reports.

The staff is to be commended on their actions to ensure the safety of people served.